

Form VI-Gen  
Pro Se General Complaint Form  
(Rev. 8/24/15)

IN THE DISTRICT COURT OF THE VIRGIN ISLANDS  
DIVISION OF ☐ ST. THOMAS/ST. JOHN ☒ ST. CROIX

RENEDETTO A. CERILLI, JR.  
(Print your full name)

Plaintiff *pro se*,

**COMPLAINT**

v. CHRISTIANSTED ISLAND  
HOTELS LLC DAVID GAYANICH  
CHRISTOPHER GAYANICH

Civil Action No. 2017-019  
(To be provided by the Clerk of Court)

Defendant(s)

Provide full name(s) of defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part II below.

**I. Basis for Jurisdiction:**

☒ Federal Question (suit is based upon a treaty, federal statute or the United States Constitution)<sup>1</sup>

What federal Constitutional, statutory or treaty right is at issue?

☒ Diversity (none of the defendants are residents of the state where plaintiff is a resident and the amount in controversy exceeds \$75,000.00).<sup>2</sup>

Plaintiff's state of citizenship: ST. CROIX U.S. V.I.

Defendant(s) state(s) of citizenship: OKLAHOMA, ST. CROIX

☐ Other (describe) \_\_\_\_\_

<sup>1</sup> See 28 U.S.C. § 1331

<sup>2</sup> See 28 U.S.C. § 1332

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## II. Parties in this complaint:

- A. List your name, address and telephone number. You must keep the Clerk of Court apprised of your current contact information.

Name: RENEDETTO A. CERILLI JR  
Street Address: 22 SKYTOP LANE  
City/State/Zip Code: CHRISTIANSTED ST. CROIX 00820  
Telephone No.: 401 569 6538 Email Address: BACTR3@GMAIL.COM

- B. Provide the name and address of each defendant listed in the caption on the first page. Attach additional sheets of paper as necessary.

### Defendant No. 1

Name: DAVID RAY GAYANICH  
Street Address: 14201 MIDWAY RD. SPRINGER  
City/State/Zip Code: SPRINGER OKLA. 73458  
Telephone No.: 568 561 6646 / 405 255 7397

### Defendant No. 2

Name: CHRISTOPHER GAYANICH  
Street Address: 5000 ESTATE CHENAY BAY  
City/State/Zip Code: CHRISTIANSTED ST. CROIX 00820  
Telephone No.: 405 255 7397 / 340 918 2918

If there are more than two defendants, attach a separate sheet. For each defendant, specify: (1) name; (2) street address; and (3) city/state/zip code.

## III. Statement of Claim

Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. Do not give any legal arguments or cite any cases or statutes.

- A. Where did the events giving rise to your claim(s) occur? ST. CROIX
- B. What date did the events giving rise to your claim(s) occur? JUNE 20, 2014 - DEC 10, 2015

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- C. Provide the essential facts of your case "IN NUMBERED PARAGRAPHS, EACH LIMITED AS FAR AS PRACTICABLE TO A SINGLE SET OF CIRCUMSTANCES."<sup>3</sup> Attach additional sheets of paper as necessary, numbering each allegation.

1. PLAINTIFF WAS MANAGER OF CHRISTIANSTED ISLAND HOTELS L.L.C. AND NEGOTIATED THE PURCHASE OF CHENAY BAY HOTEL.
2. PLAINTIFF, WORKED AT HOTEL, AS MANAGER OF L.L.C., FORMED TIMESHARE OPERATION, SECURED FINANCING
3. PLAINTIFF PERFORMED OTHER SERVICES ENUMERATED IN COMPLAINT
4. PLAINTIFF MADE DEMAND FOR PAYMENT ON OCT 25, 2015.
5. PLAINTIFF HAS NOT BEEN PAID
- 6.

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#### IV. Damages

Describe how you were damaged by any action or conduct of the defendant(s). If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NON PAYMENT OF \$452,500  
LOSS OF ABILITY TO EARN INCOME  
DUE TO BEING PREOCCUPIED WITH  
HOTEL BUSINESS

#### V. Relief Requested (check only those that apply). If you named two or more defendants and are seeking different relief against each defendant, indicate accordingly.

☒ Monetary damages in the amount of: \$452,500  
against:

☒ All defendants \_\_\_ Def. No. 1 \_\_\_ Def. No. 2

☐ An injunction ordering:  
against:

\_\_\_ All defendants \_\_\_ Def. No. 1 \_\_\_ Def. No. 2

☐ Other (specify): \_\_\_\_\_  
against:

\_\_\_ All defendants \_\_\_ Def. No. 1 \_\_\_ Def. No. 2

☒ Costs and fees incurred in litigating this matter.

☐ Trial by jury on all issues so triable.

☒ Such other relief as may be appropriate.

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**VI. Verification and Declaration under Penalty of Perjury**

*Initial each of the following:*

☒ I have included one properly completed Form JS 44 Civil Cover Sheet (available from the clerk's office).

☒ I have included one properly completed Form VI-AO 44 Summons in a Civil Action (available from the clerk's office) for each defendant I am suing, including the defendant's full name, job title and work address.

☒ In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant.

☐ I have included:

☒ Full payment of the filing fee (\$400.00) via cash (delivered in person) or check or money order payable to Clerk, District Court of the Virgin Islands; or

☐ A properly completed Motion to Proceed *In Forma Pauperis* in a Non-Prisoner Civil Action (Form VI-AO 240-NP)

☐ \*\*I have included the following (available from the clerk's office):

☐ Motion for Permission for Electronic Case Filing ("e-filing or ECF")

☐ I understand the Court may deny my ECF motion pursuant to Local Rule of Civil Procedure 5.4(b)(2).

☐ I understand if the Court grants my ECF motion, it may subsequently terminate my e-filing access.

☒ Pro Se ECF Registration Form

**\*\* INITIAL and complete ECF motion/registration form only if you have access to a computer and an email account.**

☒ I agree to promptly notify the clerk of any change of address.

☒ I have read all of the statements in this complaint. [Do not forget to keep a copy for your records.]

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. 28 U.S.C. §1746; 18 U.S.C. §1621

This 30 day of MARCH, 20 17

  
Signature of plaintiff